	PATENT APPLICATION FEE DETERMINATION RECOF							30 Soptication or Docket Number 99/700573					
440	LANCE OF THE STATE	QUAMSA	Column 1) 2 (Column 2)			SMAL TYPE	SMALL ENTITY			OTHER THAN			
10	TAL OLAIMS	litelas (S. A.)	No.				RAT		FEE]	RATE	FE	
FO	PR .		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	_	OR	Basic Fee	96	
τo	OTAL CHARGEABLE CLAIMS		minus 20=		•		X\$ 9=			OR	XS18=		
IND	DEPENDENT CLAIMS		minus 3 =		•			X40=			X80=	-	
MU	LTIPLE DEPEN	RESENT		I	$\neg \neg$				OR	7.00-			
<u> </u>				"		+135=			OR	+270=			
. 11	the difference	less than zero, enter "0" in column 2			TOT	AL		OR	TOTAL	86			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							SMALL ENTITY			OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	TION FE	
Σ	Total ,	· 21	Minus	,	20	= /	X\$ 9)=		OR	X\$18=	18	
AMENDMENT	Independent	. ,	Minus		3	m	X40	_		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135				+270=		
	•			•				TAL		OR	TOTAL	18	
							ADDIT.			OH.	ADDIT. FEE	18.	
 	·	(Column 1) CLAIMS	40631 A	(Colur		(Column 3)			ADDI-	1		ADI	
ENT B		REMAINING AFTER AMENDMENT	4/11/2	PREVIO PAID	OUSLY	PRESENT EXTRA	RAT	ξ	TIONAL		RATE	TION	
MENDMENT	Total	. 21	Minus	. 2) /	=	X\$ 9)= ·		OR	X\$18=		
AME	Independent	. /	Minus	•••	3	-	X40	_		OR	X80±		
	FIRST PRESENTATION OF MI		JLTIPLE DEPENDENT		CLAIM		40				.070	\vdash	
1							+135)= TAL		OR	+270=	<u> </u>	
							ADDIT.			ÓВ	ADDIT. FEE	L	
 		(Column 1) I CLAIMS	T	(Colu		(Column 3)							
N L	ring to a service.	REMAINING AFTER		NUM PREVI		PRESENT EXTRA	RAT	Έ	ADDI- TIONAL		RATE	AD TIOI	

PAID FOR

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest inumber Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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•••

FORM PTO-875 (Rev 8/00)

AMENDMEN

Total

Independent

AMENDMENT

Minus

Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

OR

FEE

X\$ 9=

X40=

+135=

ADDIT. FEE

TOTAL

FEE

X\$18=

X80=

+270=

ADDIT. FEE

TOTAL